MEDI-CAL UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029 **www.medi-cal.ca.gov**

Billing and Policy
Pharmacy Bulletin 567

September 2003

Flex your POWER

The energy challenge facing California is real. The Department of Health Services encourages practical and feasible energy saving measures while considering the health and safety of clients, workers and family members.

Contents

Medi-Cal List of Contract Drugs: Update

The following provider manual section has been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs.*

Changes, effective October 1, 2003

Drug	Size and/or Strength		Billing Unit
‡ * ABACAVIR SULFATE			
Tablets	300	mg	ea
Liquid	20	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * ABACAVIR SULFATE, LAMIVUDINE AND ZIDOVUDINE			
Tablets	300	mg/150 mg/300 mg	ea
* Restricted to use **alone or as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * AMPRENAVIR			
Capsules	50	mg	ea
	150	mg	ea
Oral solution	15	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			

Please see **Contract Drugs,** *page 3*

EDS/MEDI-CAL HOTLINES

Border Providers ..... **(916) 636-1000, ext. 2100**
Computer Media Claims (CMC) ..... **(916) 636-1100**
DHS Medi-Cal Fraud Hotline **1-800-822-6222**
Health Access Programs (HAP) – OB, CPSP, Family PACT, BCEDP Providers **1-800-257-6900**
POS/Internet Help Desk **1-800-427-1295**
Provider Support Center (PSC) **1-800-541-5555**
Provider Telecommunications Network (PTN) **1-800-786-4346**
Specialty Programs **1-800-541-7747**

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

MEDI-CAL FRAUD
IS AGAINST THE

LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS EACH YEAR AND CAN ENDANGER THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF BY REPORTING YOUR OBSERVATIONS TODAY.

DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs *(continued)*

Changes, effective October 1, 2003

Drug	Size and/or Strength		Billing Unit
‡ * DELAVIRIDINE MESYLATE			
Tablets	100	mg	ea
	200	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * DIDANOSINE			
Capsules, delayed release, E.C.	125	mg	ea
	200	mg	ea
	250	mg	ea
	400	mg	ea
Tablets	25	mg	ea
	50	mg	ea
	100	mg	ea
	150	mg	ea
	200	mg	ea
Powder for oral solution	100	mg/packet	ea
	167	mg/packet	ea
	250	mg/packet	ea
	375	mg/packet	ea
Pediatric powder for oral solution	20	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * EFAVIRENZ			
Capsules	50	mg	ea
	100	mg	ea
	200	mg	ea
Tablets	600	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
FENOFIBRATE			
Tablets	54	mg	ea
	160	mg	ea
(NDC labeler code 00074 [Abbott Laboratories] only.)			
FENOFIBRATE, MICRONIZED			
Capsules	67	mg	ea
	134	mg	ea
	200	mg	ea
(NDC labeler code 00074 [Abbott Laboratories] only.)			

Please see **Contract Drugs,** *page 4*

Contract Drugs *(continued)*

Changes, effective October 1, 2003

Drug	Size and/or Strength				Billing Unit
‡ * FLUCONAZOLE					
Injection	2	mg/cc	100	cc (saline)	cc
			200	cc (saline)	cc
			100	cc (dextrose)	cc
			200	cc (dextrose)	cc
Tablets	50	mg			ea
	100	mg			ea
	150	mg			ea
	200	mg			ea
***** Restricted to use in cancer patients, in patients with ~~AIDS or an AIDS-related condition, in the treatment of vaginal candidiasis, and in the treatment of infections caused by Coccidioides immitis~~ **Human Immunodeficiency Virus (HIV) infection.**					
‡ * INDINAVIR SULFATE					
Capsules	100	mg			ea
	200	mg			ea
	333	mg			ea
	400	mg			ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.					
‡ * LAMIVUDINE					
Tablets	150	mg			ea
	300	mg			ea
Liquid	10	mg/cc			cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.					
‡ * LAMIVUDINE AND ZIDOVUDINE					
Tablets	150	mg/300 mg			ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.					
‡ * LOPINAVIR AND RITONAVIR					
Capsules	133.3	mg – 33.3 mg			ea
Oral solution	400	mg – 100 mg/5 cc			cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.					
LOXAPINE HCL					
Solution	25	mg/cc			cc
Injection	50	mg/cc			cc
~~(Loxitane by Watson Laboratories [NDC labeler code 52544] only.)~~					
LOXAPINE SUCCINATE					
Capsules	5	mg			ea
	10	mg			ea
	25	mg			ea
	50	mg			ea
~~(Loxitane by Watson Laboratories [NDC labeler code 52544] only.)~~					

Please see **Contract Drugs,** *page 5*

Contract Drugs *(continued)*

Changes, effective October 1, 2003

Drug	Size and/or Strength		Billing Unit
‡ * NELFINAVIR MESYLATE			
Tablets	250	mg	ea
Oral powder	50	mg/Gm	Gm
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * NEVIRAPINE			
Tablets	200	mg	ea
Liquid	50	mg/5cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * RITONAVIR			
Capsules	100	mg	ea
Solution	80	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * SAQUINAVIR			
Capsules	200	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * SAQUINAVIR MESYLATE			
Capsules	200	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * STAVUDINE			
Capsules	15	mg	ea
	20	mg	ea
	30	mg	ea
	40	mg	ea
Powder for oral solution	1	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * TENOFOVIR DISOPROXIL FUMARATE			
Tablets	300	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			
‡ * ZALCITABINE			
Tablets	0.375	mg	ea
	0.750	mg	ea
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			

Please see **Contract Drugs,** *page 6*

Contract Drugs *(continued)*

Changes, effective October 1, 2003

Drug	Size and/or Strength		Billing Unit
‡ * ZIDOVUDINE			
Tablets	300	mg	ea
Capsules	100	mg	ea
Liquid	50	mg/5cc	cc
Injection	10	mg/cc	cc
* Restricted to use **as combination therapy** in the treatment of ~~AIDS or an AIDS-related condition~~ **Human Immunodeficiency Virus (HIV) infection**.			

Changes, effective November 1, 2003

MOEXIPRIL HCL			
+ Tablets	7.5	mg	ea
	15	mg	ea
(NDC labeler code 00091 [Schwarz Pharma, Inc.] only.)			
NIACIN			
Tablets, extended release	500	mg	ea
	750	mg	ea
	1000	mg	ea
(NDC labeler code 60598 [KOS Pharmaceuticals, Inc.] only.)			
PAROXETINE HCL			
Suspension, oral	10	mg/5cc	cc
Tablets	10	mg	ea
	20	mg	ea
	30	mg	ea
	40	mg	ea
Tablets, controlled release	12.5	mg	ea
	25	mg	ea
	37.5	mg	ea
(NDC labeler code 00029 [SmithKline Beecham] only.)			

‡ Drug is exempt from the monthly drug claim limit line.
+ Frequency of billing requirement.

Refer to manual replacement pages drugs cdl p1a 1, 10, 37 and 41 (Part 2), drugs cdl p1b 1, 10, 12, 28, 35, 42, 43 and 53 (Part 2), drugs cdl p1c 2, 3, 15 and 35 (Part 2) drugs cdl p1d 1, 4, 8, 22 and 23 (Part 2).

Authorized Drug Manufacturer Labeler Codes: Update

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

Additions, effective October 1, 2003

NDC Labeler Code	Contracting Company's Name
67871	QOL MEDICAL
68013	VISION PHARMA, LLC

Additions, effective January 1, 2004

NDC Labeler Code	Contracting Company's Name
68032	RIVER'S EDGE PHARMACEUTICALS
67386	OVATION PHARMACEUTICALS, INC.
68134	PALMETTO PHARMACEUTICALS, INC.

Reinstatements, effective October 1, 2003

NDC Labeler Code	Contracting Company's Name
00463	C.O. TRUXTON, INC.

Terminations, effective January 1, 2004

NDC Labeler Code	Contracting Company's Name
59229	HORUS THERAPEUTICS

These updates are reflected on manual replacement pages drugs cdl p5 4, 10, 14 and 15 (Part 2).

Compound Drug Policies: Update

Effective for dates of service on or after September 22, 2003, the following policy changes are enacted:

Code I Changed for 10-day After Discharge Coverage of Unlisted Intravenous or Intra-arterial Drugs
The Code I restriction on Parenteral Nutrition Solutions (TPN or Hyperalimentation) and Separately Administered Intravenous Lipids is being standardized to match Code I restrictions for Intravenous Solutions of Unlisted Antibiotics and Intravenous Solutions of Other Unlisted Drugs. The new Code I restriction reads:

> "Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period."

Creating a standardized 10-day period is expected to improve the consistency of claim payments.

Note: Non-compounded products must be billed using the product's NDC number and must be billed using the *Pharmacy Claim Form* (30-1). Non-compounded intravenous products not listed on the *Medi-Cal List of Contract Drugs* continue to require a *Treatment Authorization Request* (TAR) even if dispensed during the 10-day post-discharge window.

Please see **Compound,** *page 8*

Compound *(continued)*

Container Count Restriction, Single-Ingredient Injections
Single-ingredient injections (sterile transfers) for more than seven containers require a TAR, regardless of the 10-day post-discharge window or *Medi-Cal List of Contract Drugs* status.

Container Count Restrictions, Multiple-Ingredient Injections (more than 20 containers)
Multiple-ingredient injections for more than 20 containers require a TAR, regardless of the 10-day post-discharge window or *Medi-Cal List of Contract Drugs* status.

Enforcement of List of Contract Drugs for Ingredients in Compounded Drugs
All ingredients contained in a compounded product must be listed on the *Medi-Cal List of Contract Drugs.* If one or more ingredients is not on the list, the product requires a TAR.

Inactive Ingredients in Compound Drugs
The Department of Health Services (DHS) recognizes that certain "pharmaceutic aids" not on the *Medi-Cal List of Contract Drugs* are required to manufacture compound drugs. These might include vehicles, adjuvants, suspending, flavoring and coloring agents, etc. A TAR generally is not required for these types of ingredients when included in a compound drug. To determine if an inactive ingredient requires a TAR, submit the claim for the compound online using Real-Time Internet Pharmacy (RTIP) claim submission or the National Council for Prescription Drug Programs (NCPDP)-compliant software. If the claim denies, the online denial message will note which ingredients caused the denial.

Non-Compound Products Billing
Non-compounded products must be billed using the product's NDC number and must be billed using the *Pharmacy Claim Form* (30-1).

Effective Date for Claims Filed on the *Pharmacy Claim Form* (30-1)
The above changes are not effective until November 1, 2003 for claims submitted using the old compound drug format (for example, submitted on the *Pharmacy Claim Form* [30-1] with attached compounding sheet). The delay allows pharmacies a window in which they can accommodate recipients who began treatment before notification of the changes.

The updated information is reflected on manual replacement pages drugs cdl p1b 30 and 31 (Part 2) and iv sol spec 2 thru 4 (Part 2).

Billing Code 9999A: Change in Billing Instructions

Effective November 1, 2003, providers billing the 9999A code for Unlisted and Miscellaneous Medical Services must submit a copy of the original *Treatment Authorization Request* (TAR) along with appropriate pricing documentation (for example, invoice or manufacturer catalog page) with the claim. *The updated information is reflected on manual replacement pages mc sup intro 3 (Part 2), mc sup lst4 11 (Part 2), pcf30-1 comp 11 (Part 2) and tar comp 10 (Part 2).*

Instructions for Manual Replacement Pages
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Part 2

Remove and replace:

drugs cdl p1a 1/2, 9/10, 37/38 and 41/42
drugs cdl p1b 1/2, 9 thru 12, 27 thru 32, 35/36, 41 thru 44 and 53/54
drugs cdl p1c 1 thru 4, 15/16 and 35/36
drugs cdl p1d 1 thru 4, 7/8 and 21 thru 23
drugs cdl p5 3/4, 9/10 and 13 thru 15
iv sol spec 1 thru 4
mc sup intro 3
mc sup lst4 11
pcf30-1 comp 11/12
tar comp 9/10